MILWAUKEE CO MHC REHABILITATION - HILLTOP

9455 WATERTOWN PLANK ROAD

MI LWAUKEE 53226 Ownership: Phone: (414) 257-7339 County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: **FDDs** Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Yes Number of Beds Set Up and Staffed (12/31/01): 112 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/01): 112 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 104 Average Daily Census: 104

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	4. 8
Supp. Home Care-Personal Care	No		100.0	T 1 05		1 - 4 Years	16. 3
Supp. Home Care-Household Services		Developmental Disabilities	100.0	Under 65	96. 2	More Than 4 Years	78. 8
Day Services	No	Mental Illness (Org./Psy)	0. 0	65 - 74	2. 9		
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	1.0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	0.0	Full-Time Equivalen	ıt
Congregate Meals	No	Cancer	0.0		ĺ	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0.0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	3. 8		
Transportation	No	Cerebrovascul ar	0.0	·		RNs	11. 1
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	12. 7
Other Services	No	Respi ratory	0. 0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0.0	Male	72. 1	Aides, & Orderlies	58. 0
Mentally Ill	Yes		i	Femal e	27. 9		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	Yes		i		100.0		

Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther		I	ri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	0	0. 0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				104	100.0	165	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	104	100.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		104	100.0		0	0.0		0	0.0		0	0.0		0	0.0		104	100. 0

County: Milwaukee MILWAUKEE CO MHC REHABILITATION - HILLTOP

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti or	s, Services,	and Activities as of 12	2/31/01
Deaths During Reporting Period							
				% N	eedi ng		Total
Percent Admissions from:		Activities of	%	Assi s	tance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	46. 2		40. 4	13. 5	104
Other Nursing Homes	0.0	Dressi ng	49. 0		43. 3	7. 7	104
Acute Care Hospitals	0.0	Transferri ng	86. 5		5. 8	7. 7	104
Psych. HospMR/DD Facilities	100	Toilet Use	64. 4		22. 1	13. 5	104
Rehabilitation Hospitals	0.0	Eating	50. 0		36. 5	13. 5	104
Other Locations	0.0	**************	**********	*******	*******	*******	******
Total Number of Admissions	5	Continence		% S	pecial Treati	ments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	1. 9	Receiving Re	espi ratory Care	1. 9
Private Home/No Home Health	12. 5	Occ/Freq. Incontinent	of Bladder	30. 8	Receiving To	racheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	16. 3	Receiving Su	ucti oni ng	0. 0
Other Nursing Homes	37. 5				Receiving 0s	stomy Care	0. 0
Acute Care Hospitals	0.0	Mobility			Receiving To	ube Feedi ng	3. 8
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	0. 0	Receiving M	echanically Altered Diet	s 36.5
Rehabilitation Hospitals	0.0					· ·	
Other Locations	25 . 0	Skin Care		(ther Residen	t Characteristics	
Deaths	25. 0	With Pressure Sores		1. 0	Have Advance	e Directives	0. 0
Total Number of Discharges		With Rashes		0. 0 N	ledi cati ons		
(Including Deaths)	8	ĺ			Receiving Pa	sychoactive Drugs	97. 1
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	Thi s		DD			
	Facility		ilities		lties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	92. 4	84. 6	1. 09	84. 6	1. 09	
Current Residents from In-County	100. 0	41.3	2. 42	77. 0	1.30	
Admissions from In-County, Still Residing	100. 0	17. 0	5. 87	20. 8	4. 81	
Admissions/Average Daily Census	4.8	18. 6	0. 26	128. 9	0.04	
Discharges/Average Daily Census	7. 7	22. 2	0. 35	130. 0	0.06	
Discharges To Private Residence/Average Daily Census	1. 0	9. 4	0. 10	52. 8	0. 02	
Residents Receiving Skilled Care	0. 0	0.0	0.00	85. 3	0.00	
Residents Aged 65 and Older	3.8	15. 8	0. 24	87. 5	0.04	
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1.46	
Pri vate Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	100. 0	99. 7	1. 00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	26. 2	50. 6	0. 52	49. 3	0. 53	
Psychological Problems	97. 1	46. 6	2. 08	51. 9	1.87	
Nursing Care Required (Mean)*	5. 4	11. 0	0. 49	7. 3	0.74	